

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

APPLICANT(S)

10/5/19630

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/			51					
2	/		/		/			52					
3	/		/		/			53					
4	/		/		/			54					
5	/		/		/			55					
6	/		/		/			56					
7	/		/		/			57					
8	/		/		/			58					
9	/		/		/			59					
10	/		/		/			60					
11	/		/		/			61					
12	/		/		/			62					
13	/		/		/			63					
14	/		/		/			64					
15	/		/		/			65					
16	/		/		/			66					
17	/		/		/			67					
18	/		/		/			68					
19	/		/		/			69					
20	/		/		/			70					
21	/		/		/			71					
22	/		/		/			72					
23	/		/		/			73					
24	/		/		/			74					
25	/		/		/			75					
26	/		/		/			76					
27	/		/		/			77					
28	/		/		/			78					
29	/		/		/			79					
30	/		/		/			80					
31	/		/		/			81					
32	/		/		/			82					
33	/		/		/			83					
34	/		/		/			84					
35	/		/		/			85					
36	/		/		/			86					
37	/		/		/			87					
38	/		/		/			88					
39	/		/		/			89					
40	/		/		/			90					
41	/		/		/			91					
42	/		/		/			92					
43	/		/		/			93					
44	/		/		/			94					
45	/		/		/			95					
46	/		/		/			96					
47	/		/		/			97					
48	/		/		/			98					
49	/		/		/			99					
50	/		/		/			100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					